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ABSTRACT

A study assessed the effects of victim impact panels (VIP) on first-time DWI (Driving While Intoxicated) offenders in Albuquerque, New Mexico. The VIP is an emotional presentation by the victim or their parents about how they were injured or their child was killed by a drunk driver. Subjects, 350 first-time offenders participated in a Mothers against Drunk Driving victim impact panel, took both pretest and posttest questionnaires measuring emotional state, perception of the riskiness of drinking and driving, and intention to drink and drive. Information was elicited as to the socio-demographic characteristics of the subjects. Typical VIP participant is a working-class male with a fairly modest income. Findings contradict the stereotype of DWI offenders as alcoholics--rather, they appear to be individuals who make poor choices. Participants reported being strongly affected by the VIP sessions. Most said they would not drink and drive again and were convinced that drinking and driving was very risky. Drinking and driving is a serious social and health problem, and several strategies have been tried nationally and locally in New Mexico (the leader in drinking and driving fatalities in the United States) to reduce DWI recidivism. Legal interventions have only provided short-term deterrence to drinking and driving. The predominantly informal approach used by DWI schools appears to be ineffective in reducing DWI recidivism. (Includes 5 tables and 1 figure of data; contains 30 references. (PA)

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EFFECTS OF MOTHERS AGAINST DRUNK DRIVING'S (MADD's) VICTIM IMPACT PANELS ON FIRST-TIME DWI OFFENDERS: SOME INITIAL RESULTS*

Submitted to the Health Communication Division
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Association

by

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EFFECTS OF MOTHERS AGAINST DRUNK DRIVING'S VICTIM IMPACT PANELS ON FIRST-TIME DWI OFFENDERS: SOME INITIAL RESULTS*

Abstract

The State of New Mexico, unfortunately, is the leader in drinking and driving related fatalities in the U.S. Drinking and driving is a serious social and health problem, and several strategies have been tried nationally, and locally in New Mexico, to reduce DWI recidivisim, but with limited effects. Legal interventions (for example, increasing the minimum age of drinking and minimum age for driving, minimum blood alcohol content, enhanced penalties for repeat offenders, etc.) have only provided short-term deterrence to drinking and driving. The predominantly informational approach used by DWI schools also appear to be ineffective in reducing recidivism. Mothers Against Drunk Driving's (MADD's) conducts a Victim Impact Panel (VIP) in about 200 cities across the U.S.. The VIP is an emotional presentation by the victim or their parents about how they were injured or their child was killed by a drunk driver, to first-time DWI offenders to deter future drinking and driving. This paper assesses the effects of VIP on first-time offenders in Albuquerque, New Mexico. Initial results indicate that after the VIP, almost all the participants indicate a strong desire not to drink and drive in the future. Implications of these encouraging findings for future research are also discussed.

EFFECTS OF MOTHERS AGAINST DRUNK DRIVING'S VICTIM IMPACT PANELS ON FIRST-TIME DWI OFFENDERS: SOME INITIAL RESULTS*

"My name is June _____ [Holds up a large portrait of a young man, sets it next to the box of Kleenex on the table at which she is seated on the stage of an auditorium filled with 250 DWI offenders]. Jason had just graduated from high school, and had applied for college. My son had given his girlfriend a ring. He was seventeen. I returned home that night to find his girlfriend was there with him, which we had agreed would not happen when I was not home. I told him he had to move out. "You can't follow the rules." Those were our last words. I received a telephone call at 1:05 am that night. It was University Hospital. 'You had a son named Jason _____ .' I drove like crazy to the hospital, where the police chaplain tried to quiet me. I was screaming and vomiting. Jason was my only son. I am a single mother. The chaplain told me that a motorcycle going 100 mph had broadsided my son's car. The driver was drunk, and being chased by a police car. Bodies were lying all over the intersection. The motorcycle driver got two more DWI's [driving while intoxicated] after he killed my son. The death has been hard on all of us. [The presenter's voice breaks and she sobs for 20 seconds]. Two of Jason's relatives tried to commit suicide. Another uncle is in a mental hospital. I can't sleep at night. I can't hold a job because I can't concentrate anymore. I just think of Jason. Picking out a coffin for your only son is just not right. Now I got a DWI once, a couple of years ago. I like to party. But we always have a key bucket at the party. We chose a designated driver. You are good people, but you have made bad choices. I hope that my story gets through to you. Think of <u>your</u> children."
(Presenter at a Victim Impact Panel, organized by Mothers Against Drunk Driving in Albuquerque, on September 30, 1993).

The prevention and deterrence of alcohol-related morbidity and mortality in traffic crashes remains a crucial public health goal despite recent downward national trends in epidemiological data on motor vehicle crash fatalities. In New Mexico, which leads the nation in such statistics, alcohol-related crashes are a major public health problem (May et al., 1993). This paper

analyzes the short-term effects of Mothers Against Drunk Driving's (MADD) Victim Impact Panels (VIP) on first-time DWI offenders' intention to drink and drive in the future.

PAST RESEARCH ON DWI PREVENTION

Prevention of DWI has been undertaken through a number of behavior change strategies over the years. The greatest concentration of efforts has been in the area of legal intervention (Ross, 1984). Laws have been used as an extension of public policy to enforce a variety of preventive behaviors (e.g., minimum age of drinking and minimum age for driving, minimum blood alcohol content, enhanced penalties for repeat offenders, etc.), and have been instituted routinely in all jurisdictional levels throughout the U.S. (Hingson, 1993). While most legal sanctions have provided short-term deterrence of drunk driving, long-term deterrence has been elusive (Ross, 1985). Applying legal sanctions at mandatory road blocks is a classic example of an intervention with a short-term influence, but more long-term effects are difficult to sustain (Ross, 1992). Some 250,000 individuals (16 percent of New Mexico's population) pass through sobriety checkpoints in New Mexico each year. Some legal sanctions, however, have been found to be more effective than others. The deterrence effects of measures such as license revocation are greater than other legal sanctions (Nichols & Ross, 1990). In general, however, the effect of legal sanctions

are enhanced when applied in conjunction with other approaches (McKnight & Voas, 1991).

Alcohol treatment is frequently court-ordered or otherwise obtained for convicted DWI offenders. Although the evaluation literature on this approach is characterized as sparse and of variable quality, results seem disappointing when using only alcohol treatment to eliminate repeat DWI events. Individual and group therapy provided to offenders which utilizes any of a variety of modalities seems to have mixed or minimal effects on measured DWI outcomes (e.g., subsequent drunk driving, arrests, or accidents) particularly with the heaviest drinkers (Peck, Sadler, & Perrine, 1985). These minimal effects are true especially when treatment is undertaken exclusive of legal sanctions (Sadler, Perrine, & Peck, 1991). Recent literature advocates combining alcohol treatment and therapeutic intervention with legal sanctions such as license actions (McKnight & Voas, 1991).

Educational programs for adult DWI offenders have also been found to be ineffective when applied in isolation from other preventive measures. Perrine and Sadler (1987) found little support for DWI education programs as deterrents for a variety of desired outcomes over the years. As with treatment programs, DWI education efforts are more appropriate when used as a supplement and not as an alternative, to license suspension and other legal penalties (Mann, Leigh, Vingilis & DeGenova, 1983). Simply increasing an individual's knowledge of the negative consequences

of a particular behavior (particularly one that is habitual or addictive) is seldom found to have a dramatic effect on changing behavior in isolation from other conditions.[1] Interventions providing mainly information may increase knowledge of DWI, but induce only limited attitude or behavioral change (Sheppard & Stoveken, 1993). For example, the National Highway Traffic Safety Association (NHSTA) sponsored comprehensive "Driving Under the Influence" Project in Sacramento, California, considered to be one of the best planned and executed prevention experiments, found no significant impact on reducing recidivism of drinking and driving (Michelson, 1979). Similarly, the Alberta Impaired Drivers Program, implemented in Edmonton, Alberta demonstrated a general impact on traffic violations, but not on specifically impaired driving (Liban, Vingilis & Blefgen, 1987). No significant reduction in impaired driving recidivism occurred for persons entering the impaired driving rehabilitation system.

As an example of local anti-DWI education efforts, the DWI School in Albuquerque has been implemented by the Educational Division of the Metro Courts in the Albuquerque metropolitan area. All first-time DWI offenders are required by state law to attend the DWI School. The DWI School consists of six sessions: (1) the DWI problem, (2) self-assessment of alcohol and driving patterns, (3) human suffering and loss due to DWI, (4) physical and psychological effects of alcohol consumption, (5) identifying alternatives to drinking and driving, and (6) developing an action plan to avoid drinking and driving. This curriculum was

initially developed by the State of New Mexico Traffic Safety Bureau, and has been implemented statewide.

The DWI School curriculum is primarily informational in nature, but also provides an additional emphasis on personal action planning. As of yet, the curriculum has not been systematically evaluated. Some anecdotal evidence suggests that while the information provided by DWI schools is useful, participants indicate that they are already aware of the information being provided. The DWI school curriculum does not motivate the participants to stop drinking and driving in the future. In contrast, the MADD Victim Impact Panels that we investigate in this paper are mainly an emotional type of persuasive communication. Do emotional communication interventions have a greater effect in preventing drunk driving than more typical educational or treatment approaches? Can emotional interventions, such as MADD's Victim Impact Panels, be a new vehicle for preventing DWI, or an additional intervention component in a comprehensive approach to DWI prevention?

VICTIM IMPACT PANELS AS A PREVENTIVE INTERVENTION

If policy, legislative, and educational/informational interventions have produced only minimal to modest reductions in DWI-related behavior, perhaps it is time to consider what other preventive approaches might be taken. Based on the assumption that drunk drivers (who are also potential repeat drunk drivers)

will benefit from hearing what happens to the victims of drunk driving crashes, local MADD chapters organized Victim Impact Panels (VIPs) to provide this kind of exposure for first-time DWI offenders. VIP panels consist of three or four victims who speak briefly and extemporaneously about the drunk driving crashes in which they were injured or in which a family member was killed, and what this event has meant to them. The typical VIP format consists of several victims making presentations to several hundred first-time DWI offenders during an evening session. The VIPs are held once per month in many cities. The presentations by the panel members are dramatic, vivid accounts of the impact and consequences that a DWI crash has had on their lives. The objective of these panels is to convince individuals who have been arrested for DWI to not drink and drive again. While panelists try not to blame or judge the DWI offenders who attend the panel, they do point to the issues of consequences and responsibility for the DWI offenders. A Victim Panel coordinator moderates the panel to manage the flow of presentations. No interaction occurs between the victims and the DWI offenders during the Panel presentation, but a question-and-answer period may follow if the victims are willing.

MADD has established Victim Impact Panels (VIPs) in over 200 U.S. cities as a response to alcohol-related crashes. The impact of these MADD VIP sessions on the participants appears to be strong and immediate. Many of those attending VIP sessions state that they are strongly influenced by the presentations. However,

experimental evaluations have not been conducted to determine the actual impact of these panels, despite the fact that MADD's VIP sessions probably reach more drunk drivers than any other type of anti-DWI educational intervention in the U.S. today.

Unlike the typical DWI Schools provided by judicial court systems (which emphasize a mainly informational approach), MADD's VIPs stress highly emotional communication that is intended to persuade, rather than to inform. As such, there is a contrast between the emotional communication of the MADD VIP sessions, and the mainly informational approach of DWI Schools. Several themes are stressed during the typical VIP (we provide a more detailed analysis of VIP content themes shortly). First, the level of emotion expressed by panel members is usually quite high. While telling their stories to the audience, the VIP presenters often break down during their talks as they recount their experiences of losing loved ones. As we noted above, the audience reaction to this level of emotionality is often strong, with audience members typically indicating that they were very moved by the panelists' presentations. Second, VIPs emphasize the consequences and risks associated with consuming alcohol and driving, doing so in an emotionally charged way. Impactful personal losses are made concrete to the audience, and panelists typically point out that it is not just the offenders themselves who are at risk, but other members of their families as well. Third, the responsibility of those who drive intoxicated is emphasized, with panelists pointing out that DWI offenders, moral

or character issues aside, make very poor decisions, and that such decision making needs to be examined and corrected. Finally, in what we view as a theme that occurs in the most effective VIP sessions, VIP panelists draw an empathetic link between themselves and the DWI offenders, indicating that they too have made similar mistakes, and that these mistakes are a function of very poor decision-making. While no emphasis is put on blaming or attacking the DWI offenders, panelists make clear that DWI offenders are accountable for their poor decisions and consequent actions.

Little research has been conducted on the effects of VIPs, and no controlled experiments of a longitudinal nature are available in the scholarly literature. Our preliminary studies of the effects of VIP sessions indicate that they produce immediate impacts. Other researchers have documented certain VIP impacts in unpublished, fugitive literature. A MADD-sponsored study (1989) in Washington County, Oregon, found the recidivism rate of VIP participants to be 8.8 percent, as compared to a general re-arrest rate of 40 to 45 percent for nonparticipants. Another MADD-sponsored study (1990) in Clackamas County, Oregon, found that recidivism rates in the year following the VIP intervention were three times higher for non-VIP participants, compared to VIP participants. However, both of these studies lacked a randomized experimental design, so that the causal effects of Victim Impact Panels on DWI recidivism remains in doubt.

As an exploratory effort, our study begins with an analysis of MADD's VIPs' short-term effects on first-time DWI offenders' intention to drink and drive in the future. We looked at the emotional appeal in the VIP and its impact on first-time DWI offenders.

Emotional Appeals and Persuasion. Recent work on persuasion and attitude change research focused on the role that emotions play in individual receivers' processing of persuasive messages. Because the presenters' narration in the VIP sessions is intense and very emotional, a variety of feelings may be evoked in the audience members. Participants may feel sadness, compassion, and empathy for the presenters, guilty that they could have caused a similar situation (a drunk driving crash), angry and defensive that they might have been guilty of injuring someone, or angry because they are confronted with such dissonance-producing information. Recent work by Bodenhausen (1993) suggests that emotions influence social judgments: At very low and at very high levels of arousal, people tend to process messages heuristically (that is, use mental "short-cuts"). Attitudes formed or changed by processing messages heuristically tend not to be enduring. More systematic processing of messages occurs at medium arousal levels, and results in a stronger attitude formation/change.

Different emotions result in different arousal levels. Kuhl (1983) showed that people who were angry or anxious had high levels of arousal, and tended to use more heuristic strategies.

Sad people, however, showed no change in their arousal levels, and processed messages systematically (Sinclair, 1988). Bless and others (1990) found that participants in a sad mood were persuaded more by strong arguments, and those in a happy mood by weaker cues. Among the variety of emotions experienced by VIP participants, the prevailing emotions are those of sadness, compassion, and fear. As a result, the VIP messages should be processed deeply and systematically by the VIP participants. The highly emotional nature of the VIP experience provides a strong emotional prompt to the participants, which in turn enhances the impact of the messages conveyed in the VIP sessions.

Our initial investigation of MADD VIPs seeks to accomplish three goals: (1) to examine the sociodemographic characteristics of MADD VIP participants, (2) to examine the frequency and quantity of alcohol consumption patterns of VIP participants, and (3) to analyze the short-term effects of VIP on its participants.

AN INITIAL INVESTIGATION OF MADD VICTIM IMPACT PANELS

For the past year, we have been investigating the impacts of the MADD VIPs on drunk drivers. Many drunk drivers report being impacted by the MADD VIPs, and while such self-reports indicate that an immediate impact may occur, the long-term impacts of such interventions may be negligible. A national study of the impact of presenting at VIPs on the panel presenters is currently underway (Mercer, 1990), funded by NIMH (the National Institute

of Mental Health). It is even more important to determine the impact of VIPs on their audiences of convicted drunk drivers.

The initial research reported here is based on data collected in July and August, 1994 for first-time DWI offenders in Albuquerque, New Mexico. The site of our project data gathering is not based on convenience. New Mexico has the highest rate of alcohol-related traffic fatalities in the United States. During 1992 (the last year for which data are presently available), New Mexico suffered the highest rate of alcohol-related deaths in the United States. There were 274 alcohol-related fatalities, or 17.4 per 100,000 population, compared to 6.9 per 100,000 nationwide. In the United States, approximately 50 per cent of all fatal motor vehicle crashes involve alcohol. In New Mexico, this figure is 60 per cent of all fatalities (May, Bennett, Winslow, Miller, Gossage, Abbott, and Paskind, 1993). McKinley County, NM (in which Gallup is located) has the largest composite index of alcohol problems in the nation. A total of 255 persons died in McKinley County during 1987-1991, and 188 (74%) were alcohol-related. A total of 5,092 persons in New Mexico were injured in motor vehicle crashes during 1987-1991, and 1,446 (28%) involved alcohol; 949 people were permanently disabled during 1987-1991 by injuries caused by drunk drivers. Alcohol and driving problems in New Mexico, therefore, are very serious, making them a priority for health communication researchers investigating interventions that reduce alcohol and driving-related problems.

METHODS

Participants. The participants in the present research are 350 first-time DWI offenders in Bernalillo County, New Mexico, in which Albuquerque is located. Under a new state law that went into effect January 1, 1994, all individuals convicted of a first-time DWI offence are sentenced to attend a four-hour DWI School. Most of these individuals are also sentenced by their judge to attend a Victim Impact Panel (VIP) provided by MADD.

Procedures. Once a person is convicted for his/her first DWI offense, s/he is sentenced by a judge to attend a VIP session on a specific date (VIP sessions are held once a month in Albuquerque). On the date assigned by the judge, first-time DWI offenders participate in the University of New Mexico's Continuing Education Center to attend a VIP session. Each participant pays a nominal fee to attend (funds are used to run the VIP session), and is provided with a pamphlet with information on the new DWI laws in New Mexico, and information on free taxi services to go home from a bar. Before the VIP begins, participants answer a questionnaire measuring their intentions to drink and drive in the future, their perception of the riskiness of drinking and driving, and how they feel towards the VIP (both positive and negative emotions). Participants then listen to the VIP presentations in the auditorium. After the VIP session, participants are asked to complete another questionnaire that

measures their intention to drink and drive, their perception of the riskiness of drinking and driving, their mood state, quantity and frequency of alcohol consumption, and sociodemographic characteristics. Upon completing the questionnaire, participants are debriefed before leaving the auditorium.

Intervention. The Victim Impact Panel begins with a MADD executive thanking all the participants for attending, and explaining the format of the VIP session. Three of the four presenters at each VIP session speak for 10 to 15 minutes each about the drunk driving crashes in which they were injured, or in which a family member was killed or injured, and what this event has meant to them. The fourth presenter is usually a paramedic or a police officer who narrates his/her experiences in dealing with DWI crashes. The presentations are emotional and dramatic accounts of the effects that DWI has had on their lives. The presenters declare that the participants should not drink and drive. They request that the participants make better choices. After the four presentations, a MADD executive thanks the participants once again for attending, and requests that they fill out the questionnaire and return it at the door as they leave.

Measures. The pretest questionnaire employed in the current investigation assesses three measurement domains: Emotional state, items that measure perceptions of the riskiness of

drinking and driving, and items that assess intentions to drink and drive. The posttest questionnaire includes these three dimensions along with three more: items that assess the quantity and frequency of alcohol use alone and in conjunction with driving, items that measure the perceived impact of the VIP experience, and items that measure demographic characteristics of the participants.

The emotional state of the participants are measured using a modified version of Watson and Clark's (1988) Positive and Negative Affect Scale (PANAS). The PANAS asks respondents to indicate on a five-point scale how they feel at that moment (1=slightly or not at all; 5=extremely). Ten items measure positive emotions while the ten measure negative emotions. The questions measuring participants' intention to drink and drive in the future and their perceptions of the riskiness of drinking and driving were modified from a series of scales developed by Wallerstein and Woodall (1993). The questions assessing frequency and amount (1) of alcohol consumption, and (2) drinking and driving were derived from a series of scales developed by Jessor and his associates (Jessor, Donovan & Costa, 1989). Finally, the items assessing participants' demographic characteristics were adopted from measures employed in adolescent substance abuse prevention research (cf. Wallerstein & Woodall, 1993).

RESULTS

Profile of the Participants

An analysis of the individuals (N=350) who participated in the VIP sessions in the last three months indicate that they are predominantly male (60%), of lower socioeconomic status (50% of the participants make less than $18,000 annually), from three ethnic groups (Hispanic, 43%; White Caucasian, 21%; and Native American, 11%), with an mean age of 32.18 years (std. dev. = 10.95). These data are presented in Tables 1 through 4.

Frequency and use of alcohol

A series of questions were posed to the participants concerning their frequency and quantity of alcohol use, their frequency of drinking and driving, and frequency of riding with a driver who has been drinking. It should be noted that these data are completely self-report, and that there are well known biases in these kinds of data. We have interview and collateral data collection procedures planned for a research project of larger scope, but we were unable to implement those procedures in the present limited study. However, taking these data at face value, roughly 69% of the respondents indicate that they drank once a week or less during the past six weeks, with 21% of the sample indicating more frequent alcohol use (2 or 3 times a week or more). Overall, these percentages parallel data from representative sample frequency and use data, and indicate that frequent drinkers (2 to 3 days a week or more) comprise roughly

Table 1

Gender of the MADD VIP participants

Sex	Percent	Frequency
Male	58.6 %	205
Female	21.1 %	74
Missing data	20.3 %	71
Total	100.0 %	350

Table 2

Age of the MADD VIP participants

Age	Percent	Frequency
20 or less	8.6 %	30
21 - 30	32.0 %	112
31 - 40	20.0 %	70
41 - 50	12.0 %	42
51 - 60	3.4 %	12
61 or more	1.4 %	5
Missing data	22.6 %	79
Total	100.0 %	350

Table 3

Income of the MADD VIP participants

Income	Percent	Frequency
$500 or less	12.0 %	42
$500 -1000	21.1 %	74
$1001-1500	15.4 %	54
$1501-2000	9.1 %	32
$2001-2500	6.0 %	21
$2501-3000	2.6 %	9
$3001 or more	6.9 %	24
Missing data	26.9 %	94
Total	100.0 %	350

Table 4

Ethnicity of the MADD VIP participants

Ethnicity	Percent	Frequency
Hispanic	42.6%	149
American Indian	11.1%	39
Anglo American	21.1%	74
African American	1.1%	4
Others	1.7%	6
Missing data	22.3%	78
Total	100.0%	350

27% of the sample. Percentages for drinking and driving indicate that, according to self-report, 55.7% of the participants did not drink and drive in the previous six weeks, while 12% drank and drove more than once a week in the previous six weeks. Notably, only 1.1% of the sample indicate they drink and drive every day. Finally, riding with a driver who has been drinking parallels the percentages for drinking and driving, suggesting that the participants peers have similar drinking and driving patterns. Overall, the picture that emerges from these data is that the participants are not, on the whole, very frequent drinkers, but at the same time, they are more likely than it is desirable to mix alcohol with operating an automobile.

For this sample, around 60% of the sample had 5 drinks or less during the six weeks prior to our interview. The other half of the sample indicated greater alcohol consumption. Using the NIH (National Institutes of Health) guidelines for problem drinking, five or more drinks per sitting can be an indicant of problem drinking. Roughly 20% of our sample falls above that standard of problematic alcohol use. These data run against the popular notion that DWI offenders are chronic alcoholics. Rather, the view obtained from our alcohol use data is that, while a quarter of our sample may exhibit problem drinking, 60 to 75 percent simply make very poor decisions about drinking and driving, as some prevention researchers have argued. Given that the 3 to 5 drink category contains nearly one third of the respondents, it should be noted that this amount of alcohol would

push the average drinker to the edge of legally-defined intoxication. Thus, most first-time DWI offenders would appear to drink to the edge of or somewhat over the line of intoxication, and consequently make poor decisions about driving in that state.

VIP Impact on First-Time DWI Offenders

Our pretest and posttest questionnaire measured four outcome variables: (1) intention to not drink and drive again, assessed by two five point Likert-type scales indicating agreement to disagreement with the statements "In the future, I will not drink alcohol and then drive," and "In the future, if I do drink any alcohol, I will still drive myself." For this scale, strongly agree was scored 1 to strongly disagree scored 5, so that lower scores reflect stronger intentions to not drink and drive again. (2) the positive emotions scale of the PANAS, with a scaled range of 10 to 50 as possible scores, the higher the score reflecting stronger positive emotions. (3) the negative emotions scale of the PANAS, with a scaled range of 10 to 50 as possible scores, the higher the score reflecting stronger negative emotions. (4) riskiness of drinking and driving, assessed by three five point Likert-type scales indicating agreement to disagreement with the statements "Drinking and driving is very likely to lead to accidents, injury, and even loss of life," "Riding in a car with someone who has been drinking is very dangerous," and "Drinking and driving is a very dangerous thing to do." For this scale,

strongly agree was scored 1 to strongly disagree 5, with a possible range of 3 to 15, lower scale scores indicating stronger perceptions of riskiness. The means and standard deviations (pretest and posttest) are presented for each of these four outcome variables in Table 5. Figure 1 offers a graphic description of the same data.

Insert figure 1 around here

As can be seen, these data indicate that the VIP experience had a strong impact on the participants in expected directions. After the VIP session, participants' desire not to drink and drive in the future increased significantly (t=2.70; p<.01; pretest mean =3.48; posttest mean=3.22; with 2 being strongly agreeing not to drink and drive in the future and 10 being strongly disagreeing not to drink and drive in the future). Participants felt more emotional after the VIP with the mean for the positive emotions scale increasing significantly from 25.06 to 28.80 (on a 10 to 50 scale), and the mean for negative emotions increasing from 19.70 to 23.16 (on a 10 to 50 scale). Participants' perceptions of riskiness related to drinking and driving also increased significantly (t=10.52; p<.001) after the VIP. The standard deviation for these scales indicated a moderate amount of dispersion in the sample. Overall, these data indicate that, as expected, participants held strong intentions to not drink and drive again, and experienced significant

Table 5

Means, standard deviations, and t-test scores for key outcome variables (N=350).

	Pretest		Posttest			
Key variables	mean	std.dev.	mean	std.dev.	t score	p
Positive emotion	25.0585	8.301	28.7951	9.012	7.66	<.001
Negative emotion	19.7024	8.529	23.1610	9.665	7.14	<.001
Intention not to drink & drive in the future	3.4846	1.886	3.2287	1.839	2.70	<.01
Riskiness of drinking and driving	5.6587	0.145	7.0273	0.180	10.52	<.001

increase of both positive and negative emotions as a result of the VIP experience.

DISCUSSION

The objectives of the present paper were: (1) to determine the socio-demographic characteristics of the first-time DWI offenders who are the audience for MADD Victim Impact Panels, (2) to assess the self-reported alcohol consumption of these individuals, and (3) to determine the short-term effects of the Victim Impact Panels on intentions to drink and drive in the future. Using data gathered at the monthly VIPs organized by the Albuquerque Chapter of MADD during 1994, we identified the typical VIP participant as a working-class males characterized by a fairly modest income. Hispanics and Native Americans seem to be over-represented in the VIP audience of first-time DWI offenders, compared to the composition in the population of the Albuquerque metropolitan area. This over-representation of minorities may reflect the lower socioeconomic status of VIP participants. Females constitute about 20 percent of the audience for the VIP sessions.

What level of alcohol use is reported by our respondents? Our findings contradict the stereotype of DWI offenders as alcoholics. Instead, the majority report rather modest levels of alcohol consumption, although a few DWI offenders report high levels of alcohol consumption. Our results suggest that most DWI

behavior is not a result of addiction. If so, the prevention of future DWI behavior by the MADD Victim Impact Panels indeed seems feasible.

The VIP presentations consist of several victims of DWI crashes recalling the events in which they or their family member was injured or killed. These accounts are vivid and highly emotional, and might be expected to have strong effects on first-time driving-while-intoxicated offenders, by confronting them with the consequences of DWI crashes. MADD VIP sessions are emotional communication, as compared to the more informational presentations in the DWI schools generally operated by the courts.

Our respondents reported being strongly affected by the VIP sessions. Most said that they would not drink and drive again. Further, most were convinced that drinking and driving is very risky. Based on these results, the MADD VIPs have an immediate impact on the audience members. This very positive impact on intention may, however, not be matched with actual DWI recidivism rates for the individuals trained in the VIP sessions. In other words, it is likely that the immediate and intense effects of VIP's emotional presentation may wear off a while after the presentation.

It should also be noted that the pretest-posttest differences reported in this investigation were obtained with a design that minimized the time between pretest and posttest. Pretest assessments were obtained immediately before the MADD VIP

sessions, and it is likely that participants were already anticipating the VIP experience to some extent. Such anticipation would attenuate differences between pretest and posttest measures on the outcome variables of interest. However, despite the close time frame between pretest and posttest assessments, pretest-posttest differences were obtained on the outcome variables in our analyses. In future planned studies, the time lag between pretest assessment and immediate posttest assessment will be lengthened.

We have recently been funded by National Institute for Alcohol Abuse and Alcoholism (NIAAA) to conduct a randomized field trial that will assess the VIP's impacts on recidivism in Albuquerque over a three-year period. Our proposed project aims to determine if the short-term effects of the VIP on intention to drink and drive affects recidivism over time. The proposed project also endeavors seeks to determine which of several alternative theoretical models best explains the DWI behavior change process that seems to occur as a result of the VIP sessions. We aim to apply Prochaska and DiClemente's (1983) stage-of-change-model, Ron Rogers' (1983) protection motivation model, recent research on the persuasive impact of emotional communication (Bodenhausen, 1993), and motivational interviewing theory developed by Bill Miller (cf. Miller & Rollnick, 1991). Through theoretically oriented investigations like the present study of DWI behavior, empirical research will advance our understanding of communication and health behavior.

NOTES

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1. This has been found to be true in the Southwest among special populations as well. Knowledge of the adverse consequences of drinking had little impact on the attitude or behaviors of the Navajo (May and Smith, 1988).

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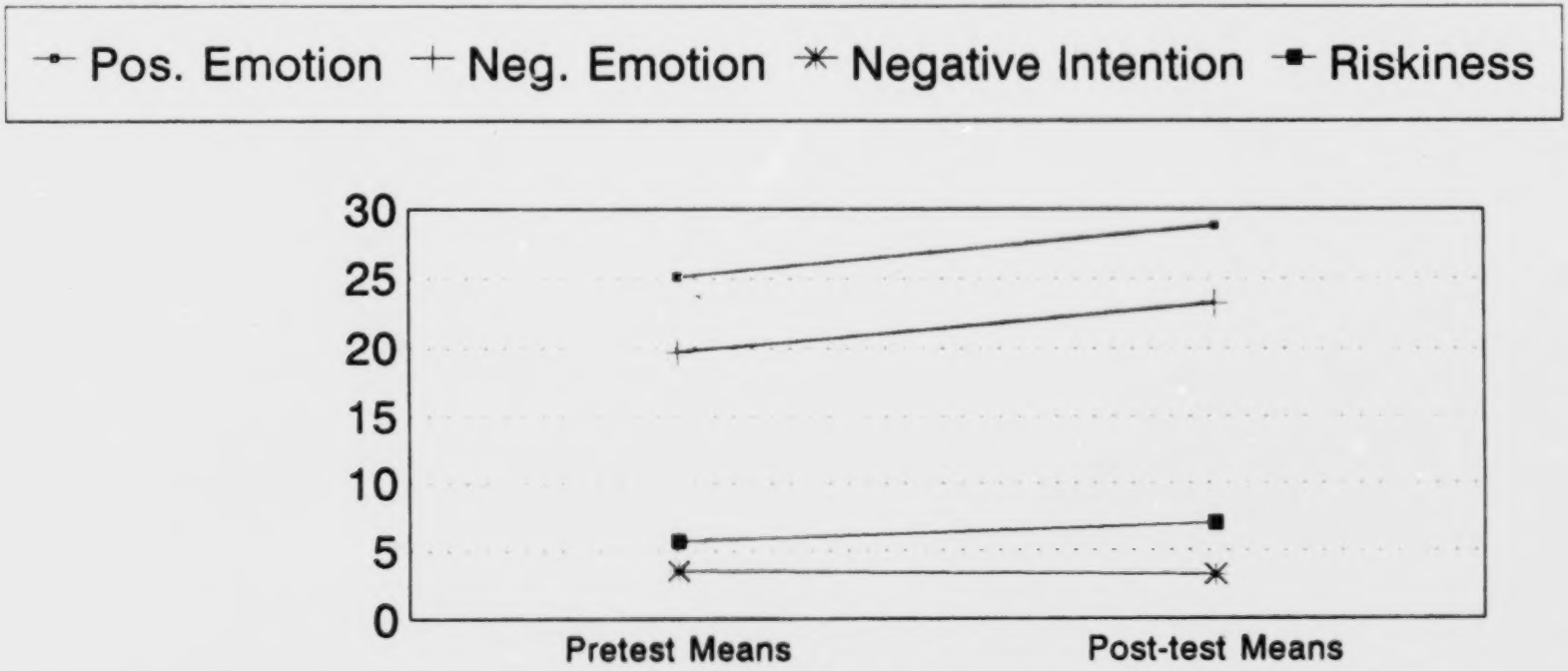
FIGURE 1

Outcome Variable Scores

Pretest and Posttest



Pos. Emotion	25.1	28.8
Neg. Emotion	19.7	23.2
Negative Intention	3.5	3.2
Riskiness	5.7	7

t-tests of differences are significant at the .01 level